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## BIB DATA SHEET

CONFIRMATION NO. 4740

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/527,077	06/28/2006 RULE	424	1612	448-67 PCT US	
<b>APPLICANTS</b> Thomas G. Schlagheck, Naples, FL; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/28042 09/08/2003 which claims benefit of 60/409,154 09/09/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 07/18/2006					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /JUNE MARIE Acknowledged ROGERS/ Examiner's Signature	<input type="checkbox"/> Met after Allowance jmr Initials	<b>STATE OR COUNTRY</b>  FL	<b>SHEETS DRAWINGS</b>  0	<b>TOTAL CLAIMS</b>  27	<b>INDEPENDENT CLAIMS</b>  3
<b>ADDRESS</b> DILWORTH & BARRESE, LLP 333 EARLE OVINGTON BLVD. SUITE 702 UNIONDALE, NY 11553 UNITED STATES					
<b>TITLE</b> Combined immediate release and extended release analgesic composition					
<b>FILING FEE RECEIVED</b> 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	